



**Board of Veterinary Medical Examiners**  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204  
Phone: (317) 234-2054  
Website: PLA.IN.gov

Michael R. Pence, Governor

Nicholas W. Rhoad, Executive Director

## Registered Veterinary Technician Renewal Form

Your license expires on January 1, 2014. You may renew online at [www.pla.IN.gov](http://www.pla.IN.gov) or complete and mail this form with the renewal fee of \$15 to the address in the top right corner. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this form is postmarked after 1/1/14 you must include a \$50 late fee. If you answer 'Yes' any question below, please send a detailed statement explaining the response along with this form.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address				
Enter Licensee Name	Enter License Number	CE Hours Required <a href="http://www.pla.IN.gov">www.pla.IN.gov</a>	Expiration Date 1/1/2014	Renewal Fee \$15.00
Street Address				
City		State	Zip Code	
Phone Number		Email Address		

QUESTIONS	
1. Since you last renewed, has any health professional license, certificate, registration or permit you hold or have held been disciplined or are formal charges pending?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Since you last renewed, have you been denied a license, certificate, registration, or permit in any state?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Have you had a malpractice judgment against you or settled a malpractice action?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Have you been denied staff membership or privileges in any hospital or clinic or, have staff membership or privileges been revoked, suspended or subjected to any restriction, probation, or other type of discipline or limitations?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INACTIVE STATUS	
Do you want to put your license in inactive status?	Yes <input type="checkbox"/> No <input type="checkbox"/>
The fee and CE requirements are waived for inactive status, but you must answer all questions above and sign and date below. You may not practice as a registered veterinary technician while your license is in Inactive status.	

LICENSEE AFFIRMATION	
By signing below, I hereby attest that the information listed on this renewal application is true, complete and correct.	
Signature of Licensee	Date (month, day, year)

Visit us at [www.pla.in.gov](http://www.pla.in.gov) for more information regarding your license, including CE requirements and name change requests or email the Board at [pla8@pla.in.gov](mailto:pla8@pla.in.gov).

***"We're striving to cut red tape and remove barriers to practice to make Indiana a state that works! Have ideas? Please give us your suggestions at [www.in.gov/cutredtape](http://www.in.gov/cutredtape)." -Nicholas W. Rhoad, PLA Executive Director***

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date